

Summary 2001

Consumer Information Report for Nursing Homes

MIDDLETON VILLAGE NURSING AND REHABILITATION CENTER

6201 ELMWOOD AVENUE

MIDDLETON, WI 53562

(608) 831-8300

License Number: 2737
Number of Licensed Beds: 97
Medicare Certified? Yes
Medicaid Certified? No
Ownership Type: PROPRIETARY CORPORATION
Owner: FGF INC

Staff: Residents

Nursing Home Staff	Staff: Residents, by shift, in a two-week time period (Average number of residents: 55)		
	Day Shift	Evening Shift	Night Shift
Nurses (RNs & LPNs)	1 Nurse: 7 Residents	1 Nurse: 14 Residents	1 Nurse: 28 Residents
Nurse Aides	1 NA: 7 Residents	1 NA: 8 Residents	1 NA: 14 Residents

If the number of residents is a "" in one of the categories above, there was an average of <1 nurse or NA on the shift. There may have been a combination of part-time RNs, LPNs or NAs on the shift on one or more days during the two-week time period, which could make the average <1. Per Wisconsin Administrative Code, Chapter HFS 132, there must be at least one RN or LPN on duty at all times.

Staff Retention Rates

Nursing Home Staff	Staff Retention Rates (Percent of staff employed for at least one year)		
	This Home	DANE County Average (21 homes)	State of Wisconsin Average (412 homes)
Full-time Nurses (RNs)	13%	69%	80%
Part-time Nurses (RNs)	100%	59%	76%
Full-time Nurses (LPNs)	50%	76%	80%
Part-time Nurses (LPNs)	100%	60%	73%
Full-time Nurse Aides	48%	59%	66%
Part-time Nurse Aides	43%	54%	60%

See the back of this page for more summary information. This summary was prepared by the Bureau of Quality Assurance, Division of Supportive Living, Wisconsin Department of Health & Family Services. See the full Consumer Information Report, 2001 on the internet at <http://www.dhfs.state.wi.us/bqaconsumer/NursingHomes/CIRindex.htm>. The full report and the most recent survey report is also available in the facility, or can be requested from the Bureau at (608)266-8368.

Federal Violations Cited in State "Inspection" Surveys for

MIDDLETON VILLAGE NURSING AND REHABILITATION CENTER

This summary table provides a count of federal violations cited for this nursing home in 2001, by category of violation. County and state averages are shown as comparison data. Surveys are conducted by the State survey agency at least every 9 - 15 months, and may be conducted more often. This home was cited with Substandard Quality of Care during the year 2001. See the full Consumer Information Report, 2001 for details.

Federal Regulation Categories*	Federal Violations In 2001		
	Total # Cites for This Home	Average # Cites for DANE County (21 homes)	Average # Cites for State of Wisconsin (412 homes)
*Each category consists of many specific regulations. See detail in report.			
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	4	2.2	1.8
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	6	1.4	0.8
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	3	1.3	1.0
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	3	0.6	0.2
Freedom from Restraints/Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	0	0.3	0.2
Other Administrative Violations	3	0.9	0.4
Total Violations	19	6.7	4.4

INTRODUCTION

MIDDLETON VILLAGE NURSING AND REHABILITATION CENTER

6201 ELMWOOD AVENUE

MIDDLETON

(608) 831-8300

- License Number: **2737**
- BQA Regional Office: **Southern**
- Ownership type is: **PROPRIETARY CORPORATION**
- The owner of this nursing home (the licensee) is:
FGF INC
- The 2001 Level of Federal Certification for this nursing home is:

Medicare (Title 18) Skilled Nursing Facility (SNF)

SECTION 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2001. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all nursing homes of similar size.

SECTION 2 provides information about **staff turnover** and **staff retention** rates at this nursing home in 2001. It compares these rates to the averages for all nursing homes of similar size.

SECTION 3 describes the most recently available information on this facility's **level of nurse staffing**, compared to the level of required by State code.

APPENDICES include: Appendix A - a list of **resource agencies** for consumers; Appendix B and C - formulas to calculate nursing staff turnover, retention rates and staffing percentages; and Appendix D - **statewide averages**.

SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

Nursing homes in Wisconsin operate under rules enacted by the Federal government (for the Medicare and/or Medicaid programs) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Supportive Living, Bureau of Quality Assurance, conduct unannounced inspections at each nursing home at least once every 9 to 15 months to determine if the nursing home complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine that a nursing home is not in compliance with a Federal regulation, the nursing home is cited with a violation or "deficiency". The number and type of violations for surveys conducted in 2001 are described in this report.

The number of Federal regulation deficiencies cited in Wisconsin nursing homes during 2001 surveys ranged from **0 to 30, with an average of 4.4 cites.**

In 2001 survey(s), MIDDLETON VILLAGE NURSING AND REHABILITATION CENTER, MIDDLETON, which has 97 licensed beds, was cited with:

19 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 50-99 beds was 4.

In addition, this home was cited with **0 federal building safety violations.** The statewide average in 2001 was 2.5 federal building safety violations.

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, outcome-based process. Equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, and on whether or not the resident's rights, dignity and privacy are respected. These factors are evaluated by observing residents' care; interviewing residents, families and staff; and reviewing medical records.

If it is determined that a Federal regulation deficiency exists, the deficiency is placed on a grid. Grid placement is based on two measures:

- *Severity/Harm*, the degree of impact that a deficient practice has on residents at the facility; and
- *Scope/Frequency*, the prevalence of a deficient practice within a facility, or the proportion of residents who were or could have been affected.

All Federal deficiencies fit into one of the following four grid levels, from most to least serious: Immediate Jeopardy, Significant Correction, Correction and Substantial Compliance. If this home had deficiencies at any of the four grid levels in the last survey, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FRA), and Other Violations (OT). **A deficiency may be listed more than once if it was cited more than once during the year.**

Certain Federal regulation deficiencies at the Immediate Jeopardy, Significant Correction and Correction grid levels cause a nursing home to be designated as having "Substandard Quality of Care (SQC)". **This home was designated with SQC during the year 2001.** Seventeen Wisconsin homes received the SQC designation in 2001. SQC deficiencies constitute: immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

Immediate Jeopardy. This deficiency exists when a situation caused (or is likely to cause) serious injury, serious harm, impairment or death to a resident receiving care in the facility AND facility practice makes it probable that similar actions, situations, practices, or incidents will occur again. Immediate corrective action is needed. The nursing home received **1 Immediate Jeopardy deficiencies** in 2001.

SUPERVISION TO PREVENT ACCIDENTS (QC)

Significant Correction. This deficiency exists when a situation resulted in a negative outcome that compromised a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **0 Significant Correction deficiencies** in 2001.

Correction. This deficiency exists when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **18 Correction deficiencies** in 2001.

APPROPRIATE SERVICES TO MAINTAIN/IMPROVE ADLS (QC)
ASSESSMENTS SIGNED/CERTIFIED AS ACCURATE (RS)
DIGNITY (QL)
DRUG IRREGULARITIES ARE ACTED UPON (RS)
FACILITY MUST COMPLY WITH ALL APPLICABLE LAWS (OT)
FREQUENCY OF MD VISITS (RS)
MD PERSONALLY VISIT UNLESS OTHERWISE ALLOWED (RS)
NURSE AIDES DEMONSTRATE PROFICIENCY (OT)
NURSE AIDES RECEIVE REG INSERVICE EDUCATION (OT)
POLICIES TO PREV/INVESTIGATE NURSE AIDE ABUSE (QL)
PROMPT EFFORTS TO RESOLVE GRIEVANCES (RR)
PROVIDE OR OBTAIN LAB SERVICES (RS)
RES ENVIRONMENT IS FREE OF HAZARDS (QC)
RIGHT TO BE INFORMED OF CONDITION (RR)
RIGHT TO SELF-ADMINISTER DRUGS (RR)
SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT (QL)
SERVICES MEET PROFESSIONAL STANDARDS (RS)
STAFF WASH HANDS WHEN INDICATED (QC)

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **0 Substantial Compliance deficiencies** in 2001.

For further information about violations, ask the administrator of this facility to see the facility's most recent survey report, or contact the Bureau of Quality Assurance (608)266-8368.

SECTION 2 - STAFF TURNOVER AND RETENTION

Nursing Staff:

This section provides two measures describing the rate of change among nursing employees from January 1, 2001 through December 31, 2001: a "turnover rate" and a "retention rate." The turnover rate is based on new hires during the year as a proportion of total staffing in a category. The retention rate is based on the proportion of staff in a category at the beginning of the year who are still employed by the end of the year. The formulas used to calculate nurse staffing turnover and one-year retention rates are explained in Appendix B.

Rates are calculated separately for full-time employees, persons working 37.5 hours or more per week, and part-time employees, persons working less than 37.5 hours per week. An "NS" indicates the nursing home reported having *no staff* in that particular category.

Registered nurses (RNs) are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. In 2001, this nursing home had:

- | |
|---|
| <ul style="list-style-type: none">• A turnover rate for full-time RNs of 163%,
vs. 29% statewide and 31% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A turnover rate for part-time RNs of 33%,
vs. 35% statewide and 37% across all nursing homes with 50-99 beds. |

In some cases, the turnover rate might be artificially high because one position changes frequently throughout the year. For example, if a nursing home with ten nurses had one position that was filled by five people throughout the year, the turnover rate is 50% (5 divided by 10) even though nine of the ten nurses did not change. The "retention rate" captures a sense of the stability of staff outside of the positions that changed frequently. In the example just used, the one-year retention rate is 90% (i.e., nine of the ten nurses had worked at least one year).

In 2001, this nursing home had:

- | |
|--|
| <ul style="list-style-type: none">• A retention rate for full-time RNs of 13%,
vs. 80% statewide and 78% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A retention rate for part-time RNs of 100%,
vs. 76% statewide and 72% across all nursing homes with 50-99 beds. |

Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. At this nursing home in 2001, there was:

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|---|
| <ul style="list-style-type: none">• A turnover rate for full-time LPNs of 83%,
vs. 35% statewide and 28% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A turnover rate for part-time LPNs of 50%,
vs. 42% statewide and 40% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A retention rate for full-time LPNs of 50%,
vs. 80% statewide and 79% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A retention rate for part-time LPNs of 100%,
vs. 73% statewide and 71% across all nursing homes with 50-99 beds. |

Nursing assistants (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses. At this nursing home in 2001, there was:

- | |
|---|
| <ul style="list-style-type: none">• A turnover rate for full-time NAs of 91%,
vs. 72% statewide and 64% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A turnover rate for part-time NAs of 157%,
vs. 74% statewide and 75% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A retention rate for full-time NAs of 48%,
vs. 66% statewide and 67% across all nursing homes with 50-99 beds. |
| <ul style="list-style-type: none">• A retention rate for part-time NAs of 43%,
vs. 60% statewide and 58% across all nursing homes with 50-99 beds. |

SECTION 3 - NURSE STAFFING PERCENTAGE

Each nursing home is required by law to provide a minimum number of nursing hours based on the number of residents it has and the type of care those residents require. When the number of required hours is compared to the number of nursing hours actually worked, the result is the "staffing percentage." For example, if a nursing home was staffed at exactly the minimum number of hours required, that nursing home was staffed at 100%. If the nursing home provided 10% more nursing hours than required, the nurse staffing percentage was 110%. If the nursing home provided 10% fewer nursing hours than required, the staffing percentage was 90%.

A staffing percentage of 100% or higher indicates that the nursing home meets state-required minimum staffing levels. However, a higher staffing level may be required to adequately meet the needs of the residents. In 2001, this nursing home had:

A nurse staffing percentage of 204%, vs. a range of 94% to 540% statewide and an average of 135% across all nursing homes with 50-99 beds.

This facility's most recently available staffing percentage, relative to other nursing homes, can be seen in the following chart. This chart depicts the number of facilities whose staffing percentage is at intervals of 25% from the required state minimum of 100%.

Staffing Percentage	Nursing Homes
75.0 - 99.9	2
100.0-124.9	124
125.0-149.9	184
150.0-174.9	70
175.0-199.9	12
200.0-224.9	7
225.0-249.9	1
250.0 + Over	7

This formula used to calculate the nurse staffing percentage is explained in Appendix C. Statewide averages of nurse staffing percentages can be found in Appendix D.